Narcolepsy and Hypersomnia

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Outline

• Introduction
• Last month’s homework
  – Making the time for sleep
• Narcolepsy and Hypersomnia
• Treatments
• New horizons in treatment
• Homework for August/September
Last month’s homework

WHAT DID YOU DO TO IMPROVE SLEEP HYGIENE?
Primary Hypersomnia Simplified

- Narcolepsy
- Not Narcolepsy
Narcolepsy

- With Cataplexy
- Without Cataplexy (more common in humans)
Hypersomnia

- Idiopathic hypersomnia with long sleep time
- Idiopathic hypersomnia with short sleep time
- Substance/medical related hypersomnia
- Post traumatic hypersomnia
Treatments

- Behavioral
- Medication
- Physiologic
- Others
Pharmacologic

• Traditional Stimulants
• Nontraditional stimulants
• Stimulating antidepressants (NE and DA)
• REM suppressants
• GABA suppressants
• “Sodium oxybate”
UNDERGOING CLINICAL TRIALS
Sodium oxybate in 7 to 17 yo

- Undergoing FDA approval for safety since 12/3/2014 for sodium oxybate in children.
- Jazz sponsored
Klein-Levin Syndrome Stanford

- This is a blood study on KLS under Emmanuel Mignot measuring genetic predisposition
- Study began in 2005 and still enrolling
EMORY - flumazenil

- Using medication to treat daytime sleepiness
- Trial no longer enrolling
- EMORY – Dr. Rye
Oral L-carnitine

- Japanese study (ran from 5/2010) and enrolled 30 patients 28 of which completed.
- Significant reduction in “dozing off during daytime based on sleep logs, decreased napping and improvement on SF 36 subscale
JZP-110

• Currently phase 3 open label to assess long-term safety and maintenance of JZP-110 in subjects who have completed study 14-002, 14-003, ADX-N05 201 or ADX-N05 202

• JZP-110 \{(R)-2-amino-3-phenylpropylcarbamate hydrochloride\}

• 52 weeks started 5/2015 and plans to run through July 2017
  – Doses 75mg to 300mg once a day